



AWC
CENTER *for* Quality
Communities

AWC Center for Quality Communities Scholarship Fund Application form 2015

Please **type** or **print**. Illegible or incomplete applications will be returned.

1.	First name: _____ Last name: _____	
2.	Mailing address	
	Street: _____	
	City: _____	State: _____ Zip: _____
3.	Best phone number to reach you: (_____) _____ Email: _____	
4.	Current high school: _____	Number of years attended: _____
	If home schooled, please check box <input type="checkbox"/>	
	If GED, please indicate date received: _____	
5.	Have you been accepted into an accredited post-secondary program or college for the fall of 2015 as of this submission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please provide institution name(s): _____	
	If not, please indicate the name of the institution(s) you plan to attend: _____	

Proof of student enrollment from the school is required prior to the release of funds.		
6.	Career goal (please be specific)	

7.	Name and address of parent(s) or legal guardian(s)	
	Name(s): _____	
	Street: _____	City: _____ State: _____ ZIP: _____
	Home phone of parents or legal guardians: _____	

Continue application on back.

8.

Please describe your financial need. Include any financial aid you will receive and/or any circumstances that would help the committee understand your financial situation.

9.

List your city, community and civic involvement activities (no additional materials will be accepted):

10.

List your school involvement and academic honors and awards. (no additional materials will be accepted)

11.

Personal essay

On a separate piece of paper please write a concise response to the following question. Please submit your answer in Arial or Times New Roman 12 point font, double-space, and limit the length to two pages.

A sign of a good leader is being able to guide yourself and others through both good and challenging times, demonstrating high standards of responsibility, and showing commitment to community. Tell a story about a significant community responsibility you assumed or were given. How did this experience help you grow as a leader? How did the project impact others? What did you gain?

12.

Applicant checklist (send completed application packet to city for consideration):

- | | |
|--|---|
| <input type="checkbox"/> Completed application including essay | <input type="checkbox"/> Must be in good academic standing |
| <input type="checkbox"/> Letter of recommendation - <i>From a non-relative</i>
<i>This is separate from the recommendation letter from the city</i> | <input type="checkbox"/> Must plan to graduate spring/summer 2015 |
| <input type="checkbox"/> Signed and completed release form | |

13.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Center's scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at an accredited post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

Submit scholarship application to city for consideration.



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Release and consent for use of name and image/photo

The purpose of this form is to request permission to use your photo/image and name in our scholarship program materials, website, YouTube and/or Facebook as part of the AWC Center for Quality Communities.

In connection with the production and distribution of a video for the AWC Center for Quality Communities on the topic of involvement in your city submitted for the AWC Center for Quality Communities Scholarship Program, I hereby relinquish any and all rights to the video. I grant permission for me/my child's photo/image and name to be used in connection with the AWC Center for Quality Communities' scholarship program materials, website, YouTube and/or Facebook, including any and all uses of the video and any portraits, still pictures, or other photographic reproductions and sound recordings in which I/my child may be portrayed.

Nothing herein shall constitute any obligation on the part of the AWC Center for Quality Communities to make any use of any of the materials or rights granted.

I hereby grant permission and execute this release as of the date and year below.

Signature

Signature of parent or guardian
(required for minors under 18 years of age)

Printed name

Relationship to minor

Date

If you or a parent or guardian wish to rescind this agreement and remove your child's information or photo, you may do so at any time in writing by sending a letter to the AWC Center for Quality Communities and such rescission will take effect upon receipt by the Communications department.